

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8		1				
9	1					
10	1					
11	1					
12	1					
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48						
49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	8	↔	↔	↔	↔	↔
TOTAL CLAIMS	13	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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